

**Testimony of Lois D. Watts
Before The
United States Senate
Special Committee On Aging
April 13, 1999**

Good afternoon. My name is Lois Watts. I am 70 years old and I live with my husband in a two-bedroom condominium in Leisure World, Orange County, California. I am a wife, mother, grandmother, friend, volunteer, and part-time employee. Today I come to you as an example of the good and the bad of America's healthcare system.

For most of my life I have been in good health. But since 1990, I began my battle with cancer. First, with breast cancer, then two years later with an intestinal tumor caused by a melanoma mole on my face, which had been surgically removed twelve years prior. Since 1990, I have had six major and three minor surgeries related to cancer.

In order to battle melanoma, I was referred to the life-sustaining vaccine program at the John Wayne Cancer Institute, located at St. John's Medical Center, Santa Monica, California. Through the efforts of Dr. Donald Morton and his staff, I am able to be here today. Their program is the only one of its kind offered on the West Coast, and I believe it has prolonged my life. Basically, I have participated in a program of regular blood studies, vaccines, x-rays, and physician consultations to minimize and watch for a metastatic recurrence of the melanoma, which can reoccur in any place in my body.

Prior to this, my husband was diagnosed with Parkinson's disease, and had to take an early retirement. We have had to dramatically reduce our living expenses and sell our home. At one point, before I turned 65, we had to pay a \$1,000.00 monthly premium for my health insurance. After joining Medicare, we thought it best to take supplemental insurance coverage given our health histories.

Our supplemental insurance premiums kept increasing and the costs for my husband's prescriptions for Parkinsons were escalating. So in 1995, while I continued treatment at the John Wayne Cancer Institute, my husband and I elected to sign-up with Care America. We understood from the representative who called on us at home that they would cover the necessary costs to sustain our health. Unfortunately, instead, they made the next two years a battle of appeals to get healthcare.

In March 1997, Dr. Morton informed me that a blood test had changed, and I should have a full body scan (MRI) to locate a possible tumor. My Orange County oncologist requested authorization. It was denied. He requested and received approval for a cat scan, which showed a tumor in my left buttock. A follow-up x-ray series then had to be performed to pinpoint the tumor.

Care America's geographic limitations (which do not have regard for existing physician/patient relationship or quality) required that I seek care in Orange County. I was referred to a local vaccine program, and had an unnecessary surgery to harvest cells. The new team of doctors told me that if

I had the entire tumor removed, I would probably never walk again. After three months, the vaccine research doctor concluded that the program didn't work for me.

Another request for authorization was submitted for Dr. Morton to complete the surgery, and it was denied. After covering my medical history multiple times with representatives at Care America, they told me to see a new primary care physician in Santa Monica, and I did. I was also sent to a new oncologist. They both recommended surgery by Dr. Morton, and I scheduled my surgery. Bay Area

Physicians denied the authorization request. I was advised to appeal, which I did. I also appealed directly to Care America, and they told me I was approved (including an approval number) for surgery at St. John's Hospital with Dr. Morton. My surgery was scheduled for the following Monday. On Friday afternoon I was rudely informed that despite my approval from Care America, I was denied authorization. I felt abandoned and helpless. I was not informed that a Grievance Committee existed.

A few days later a friend, who handles problems such as this for a hospital in Orange County, told me to cancel Care America immediately and return to Medicare. I did, and rescheduled my surgery for October--this all started in March. I had successful surgery with Dr. Morton's staff, and as you can see, am able to walk. The irony is, while recovering at St. John's Hospital, a representative from Care America called and left a message on our home answering machine informing us that they were now willing to cover all expenses after Medicare. But true to form, they continually postponed payments. So with hospitalization bills still outstanding and put into collections, my husband and I submitted a complaint to the State of California Division of Corporations. We were also advised to consult with attorney Julie Schoen of HICAP. Her efforts prompted action from Care America. One year from the date of surgery, and after much aggravation, the bills were paid.

In March 1998, we elected to join a new coverage group, Secure Horizons. I was advised to enroll in the "65 Choice" plan which would cover my ongoing vaccine treatment for a monthly premium of \$45.00 and co-payments of \$25.00. In August I was informed that by the end of the year this plan would be discontinued. My oncologist requested authorization to continue the vaccine program, and it was denied. I was told to appeal to Greater Newport Physicians, and it was denied. I then appealed directly to Secure Horizons, and it was denied.

My appeal was then submitted to the Center of Health Dispute Resolutions in New York. I received confirmation that they would look into it. I have recently received a letter from Secure Horizons stating that they will again let me continue my vaccine treatment. This all started in December 1998--their letter is dated March 25, 1999.

This has been a tangled web of appeals. There needs to be an easier and more efficient way of making appeals, and patients should be informed up-front about helpful organizations, such as HICAP.

Thank you for allowing me the opportunity to share my experiences with you. I hope that you will be able to bring about positive changes--and return humane treatment to all who seek healthcare--regardless of our age. I know too many senior citizens and fine doctors who are completely disillusioned with the current state of our healthcare--especially with HMO's.

If I had a time to make three recommendations for change, I would ask that you consider the following:

1. Simplify the process. Create one health history form that will be used by Medicare and all supplemental programs. Computerize it, like Germany did with the ADP Company.
2. Have a Medicare Review Committee that would draft suggested guidelines for all supplemental insurance companies to follow. Call it "A Patient Bill of Rights" which would be sent to every Medicare recipient, and include restrictions for policies, future coverage changes, and detail the appeal process.
3. Eliminate the barriers for patients to receive the best care possible (whether geographic, physician politics, or uninformed insurance representatives). Give some power back to the patients and their doctors.